



Attachment A: OCFS IN-PERSON VISITATION AGREEMENT

As the state of Maine begins to move into the next stages of recovery and reopening this memo has been updated to reflect the most current information regarding recommendations, symptoms and screening questions by the CDC. Please note the specific changes are identified in red.

As of June 8, 2020, OCFS started to resume in-person visitation. Parents participating in in-person visitation with children in OCFS custody must review and sign a copy of this visitation agreement prior to resuming in-person visits. Once signed the visitation agreement and the procedures laid out within it apply for all in-person visits until you are notified otherwise by OCFS. **OCFS' plan to resume visits does not guarantee in-person visits, please see information below for exceptions to the policy of facilitating in-person visitation.**

I. General

- a. All visit participants must be approved in advance by OCFS. OCFS will seek to minimize the risk of coronavirus transmission by limiting the number of participants to only the parent(s) and child(ren) whenever possible.

II. Exceptions to In-Person Visitation

- a. No in-person visit will occur if a visit participant (including the child, parent, and visit supervisor) is experiencing signs of illness (as indicated by the Pre-Screening Health Questions, Attachment A), has recently traveled to a non-exempt State, or had known exposure to COVID-19.
- b. No in-person visit will occur if OCFS determines that in-person contact would increase the risk for vulnerable individuals who are either participating in the visit or are caring for children who are visiting. Every effort will be made to mitigate the risk and allow for in-person visits.
 - i. Vulnerable individuals are defined as those who are older (age 65 or older) and individuals with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised. For a full list of high and increased risk conditions, please visit:
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>
- c. No in-person visit will occur if the parent refuses or is otherwise unable to wear a cloth face covering during the visit.

III. Visit Schedule

- a. OCFS is working diligently with Family Visitation providers and transportation providers. Both of these services are key to in-person visitation and OCFS' ability to provide in-person visits may be limited due to provider capacity.
- b. The visit schedule may be modified as OCFS seeks to minimize all parties' risk of exposure to coronavirus. The caseworker will work in collaboration with the parties involved to schedule visits based on availability (including the availability of transportation, if needed).
- c. The location of visits may be changed. OCFS is seeking to conduct visits outside or in other large open spaces whenever possible. When planning the location of the visit the caseworker will consider the confidentiality and safety of the visit participants.

IV. Cloth Face Coverings

- a. OCFS will provide each parent participating in in-person visits with a cloth face covering. The cloth face covering must be worn by parents during the visit. It is the parents' responsibility to keep track of their cloth face covering and bring it to every visit. If the parent is unable or unwilling to wear a mask during the visit, then a video or telephone conference visit will be held instead.
- b. All other adult visit participants must wear a cloth face covering during the visit.
- c. Cloth face coverings will be provided for all children age two and older. **Children are expected to wear masks and should be strongly encouraged to wear them**, but no visit will be cancelled due to a child's inability or unwillingness to wear their face covering.
- d. The CDC recommends the use of a cloth face covering when it is difficult to stay physically distant. All visit participants are required to wear a face covering when traveling to and from the visit if there is anyone else in the vehicle who is not a member of their household (for instance, parents or children riding with contracted transportation staff, parents riding with a friend, etc.)
- e. All visit participants should follow CDC guideline regarding the use of cloth face coverings, including:
 - i. Washing hands before putting the face covering on;
 - ii. Making sure both mouth and nose are covered;
 - iii. Hooking the loops around ears or tying the face covering snugly around the head;
 - iv. Refraining from touching the face covering or pulling it down during use;
 - v. Removing the face covering without touching eyes, nose, or mouth and immediately washing hands after removal; and
 - vi. Washing the face covering between uses and ensuring it is completely dry before using it again.

V. Transportation

- a. No visit participant should be transported by anyone who is sick or self-isolating due to close contact with someone who has tested positive for COVID-19 or who suspects they may have COVID-19.
- b. It is recommended that everyone in the vehicle wear a cloth face covering.
- c. If the weather allows, the car windows should be opened slightly to allow for air flow.
- d. Parents will not be permitted to get their children out of the car or car seat or put them back into the car or car seat. Parents should remain at least 6 feet from the child's transportation vehicle and the driver.

- e. It is recommended that frequently touched areas of the vehicle be wiped with disinfectant before the trip begins.

VI. Pre-Screening

- a. Before each visit, the supervisor will contact the parent to review the Pre-Screening Health Questions (**Attachment B**). If the parent answers yes to any of the pre-screening questions, the in-person visit will be postponed, and telephone or video conference visits will be held until the risk of coronavirus transmission has resolved.
- b. Resource parents are expected to pre-screen the child(ren) before leaving for the visit. All other visit participants are expected to pre-screen themselves before leaving for the visit. Questions to consider include, have I (or has the child):
 - i. Experienced any of these symptoms in the last few days:
 - 1. Fever or chills
 - 2. Cough
 - 3. Shortness of breath or difficulty breathing
 - 4. Fatigue
 - 5. Muscle or body aches
 - 6. Headache
 - 7. New loss of taste or smell
 - 8. Sore throat
 - 9. Congestion or runny nose
 - 10. Nausea or vomiting
 - 11. Diarrhea
 - ii. Has anyone in the household tested positive for COVID-19?
 - iii. Is anyone in the household considered a probable case of COVID-19 by the Maine CDC
 - iv. Is anyone in the household considered a person under investigation by the Maine CDC waiting for test results for COVID-19?
 - v. Is anyone in the household isolated/quarantined per doctor's orders or the recommendations of the Maine CDC?
- c. If the answer to any of the above questions is yes, then the person should not attend the visit in-person. The caseworker and/or supervisor should be notified immediately.
- d. When answering these questions, a visit participant or resource parent should consider whether anyone in their household or the child's household has experienced any of these signs or symptoms in the last 14 days. If so, the visit participant or child should not attend the visit in-person and the caseworker and/or supervisor should be notified immediately.

VII. Visit Supervision

- a. Visit supervisors are expected to immediately end the in-person visit if a visit participant begins exhibiting signs or symptoms of COVID-19.

VIII. Visit Procedures

- a. Parents are required to wear a cloth face covering at all times during the visit. If a parent refuses to wear a cloth face covering, the visit will be cancelled or held via telephone or video conference.

- i. All visit participants (including the supervisor of the visit, parent, child, and other visit participant) will be required to wash their hands with soap and water for at least 20 seconds or use hand sanitizer:
 1. At the beginning of the visit;
 2. After any visit to the bathroom (whether for themselves or to assist a child);
 3. After diapering;
 4. Before and after preparing food, snacks, or drinks;
 5. Before and after eating food, handling foods, or feeding children;
 6. After playing outdoors;
 7. After blowing one's nose or helping a child blow their nose;
 8. After sneezing or coughing;
 9. After coming into contact with any bodily fluid; and
 10. After handling garbage or cleaning up.
- ii. Family Visitation Providers will make every effort to have hand sanitizer available during the visit, but hand sanitizer should not be considered an alternative to hand washing.
- iii. Parents and visit supervisors should be encouraged to engage the children in frequent hand washing during the visit.
- b. Toys and activities
 - i. Due to the need to minimize the spread of coronavirus and the difficulty of sanitizing fully between each visit, there will be no toys or activities available at the visit center.
 - ii. Toys should be brought by parents and/or resource parents. All toys must be disinfected before use.
 - iii. No toys should be brought to visits if they cannot be cleaned, sanitized or washed before and after the visit.
 - iv. Children's books and other paper-based materials are not considered to be a high risk for transmission. They may be brought to the visit and do not require cleaning or disinfecting before use.
 - v. Resource parents bringing toys to visits should immediately sanitize the toys upon returning home.
- c. Parents and visit supervisors should encourage children not to touch their own eyes, nose, or mouth or the eyes, nose, or mouth of others during the visit. This should be done in an age-appropriate manner that considers the developmental level of the child.
- d. Food and drinks
 - i. Parents bringing food and/or drinks for their child are expected to prepare these items with clean hands in a sanitary environment and transport them in closed containers that are clean.
- e. Physical distancing
 - i. Adult visit participants are expected to maintain appropriate physical distance (at least 6 feet at all times).
 - ii. Children are not expected to maintain physical distance. When possible, parents should engage in activities that minimize close physical proximity.

- iii. Visit supervisors may need to get closer to visit participants depending on the level of supervision directed by OCFS.
- f. Cleaning procedures
 - i. Before each visit held in an OCFS office or visitation center, staff will thoroughly clean and disinfect the space including all furniture, bathrooms, door handles, handrails, etc.

IX. Extended In-Home Visitation:

- a. Families and children having extended in home visitation, including overnights, do not have to wear facial coverings in the home, as they are considered to be members of the same household.
- b. Facial coverings should be worn by any out of home visitors (including visit supervisors) as well as the child and adults in the home and physical distancing should be maintained.
- c. Parents should self screen for symptoms of COVID and cancel visits when symptoms are present.
- d. All other guidelines regarding family visitation should be adhered to.

I have read the above Visitation Agreement and had the opportunity to ask questions regarding any portions of the Agreement I am unsure about. I understand the requirements outlined in this Agreement are critically important to ensuring my health and safety, as well as the health and safety of my child(ren), their caregivers, and any other visit participants. I further understand that failure to abide by the requirements in the Agreement could result in the immediate termination of an in-person visit and/or the suspension of in-person visits scheduled in the future. I agree to abide by the requirements of this Agreement.

Visit Participant

Date